MONTANA DEVELOPMENTAL DISABILITIES PROGRAM
QIS Death Investigation Report and Checklist

Name of Deceased: _____
Date of Birth: _____
Date/Time of Death: _____
City: _____ Provider: _____
QIS conducting investigation: _____

DDP notified of Death (within 8 hours, date and time, by whom, method):

QIS DEATH INVESTIGATION REPORT

1) Summary of Decedent's Services and Life Situation:

2) Description of Circumstances and Events Leading up to Death Event:

3) Description of Death Event:

4) Conclusions (Policies Followed, Staff Intervened Appropriately, etc.):

5) Recommendations for Provider:

PERSON RECORDS:

☐ Yes	☐ No		Most current full plan of care and amendments
☐ Yes	☐ No	☐ NA	Most recent Incident Reports (T-Logs as Appropriate)
☐ Yes	☐ No	☐ NA	Provider Case Notes/T-Logs (at least one week prior to death)
☐ Yes	☐ No	☐ NA	Current list of medications (if not in plan of care)
☐ Yes	☐ No	☐ NA	Medication Administration Record (previous two months)
☐ Yes	☐ No	☐ NA	Case Manager's Case Notes
☐ Yes	☐ No	☐ NA	Updated medical condition if changes since plan of care

MEDICAL:

☐ Yes	☐ No	☐ NA	Care plan for medical condition
☐ Yes	☐ No	☐ NA	Procedures regarding specific medical needs (ie. feeding protocol, seizure protocol, etc.)
☐ Yes	☐ No	☐ NA	Guardianship (Court Documents)
			Names and address, if possible of:
☐ Yes	☐ No	☐ NA	Primary Care Physician: _____
☐ Yes	☐ No	☐ NA	Other Medical Professionals: _____
☐ Yes	☐ No	☐ NA	Hospital (Includes ER and/or Urgent Care): _____

END-OF-LIFE DECISIONS/DNR ISSUES:

☐ Yes	☐ No	☐ NA	Terminal Illness/Diagnosis
☐ Yes	☐ No	☐ NA	DNR Order
☐ Yes	☐ No	☐ NA	Comfort One
☐ Yes	☐ No	☐ NA	Living Will
☐ Yes	☐ No	☐ NA	Hospice

PROFESSIONAL CARE RECORDS:

☐ Yes	☐ No	☐ NA	Any medical information available such as office notes, hospital records
☐ Yes	☐ No	☐ NA	Ambulance Trip Report
☐ Yes	☐ No	☐ NA	Police or MHP Report
☐ Yes	☐ No	☐ NA	Death Certificate
☐ Yes	☐ No	☐ NA	Coroner's Report (with autopsy report if done)

_____ _____

Signature of QIS completing Review Date